

Columbia County, Florida

Electric Service Affidavit

*Required for NEW
Electric Service ONLY



Property Information

Applicant/Affiant Name: Robert Sanchez

(MUST BE CONTRACTOR OR OWNER)

Subject Property Address: 139 sw Santos Ter unit 39

City/State: lakecity fl

Zip Code: 32024

Parcel ID (if known): 24-4S-16-03103-011



Scan QR Code to
make application

Affidavit

I, the undersigned affiant, being first duly sworn, hereby state and acknowledge the following:

1. Eligibility & Authority

- I am eighteen (18) years of age or older, and I am the property owner, authorized agent, or licensed contractor requesting electrical service for the above property.

2. Intended Use of Service

- Electrical service is requested for the following purpose: reconnect
 - Amps Requested: 100
 - Intended Use (Residential/Non-Residential/Other): Residential
- Affiant agrees the electrical service will not be used for any other purpose unless additional approvals and/or permits are first obtained.

3. Regulatory compliance

- I understand that this request is subject to compliance with:
 - Columbia County Land Development Regulations (LDRs)
 - Chapter 553, Florida Statutes (Florida Building Code)
 - Chapter 489, Florida Statutes (Contractor Licensing)
 - Florida Department of Health / Environmental approval for non-residential service where applicable

4. Misrepresentation

- Any misrepresentation or use of electrical service for unapproved purposes may result in the County requesting the utility provider to disconnect service without further notice

5. Inspection & Access

- Columbia County Building and Zoning Department personnel may enter the property at reasonable times, after notice to the owner/affiant, to verify compliance with all deed restriction

6. Responsibility & Indemnification

- I understand that it is my responsibility to ensure compliance with all deed restrictions, homeowners' association rules, and private covenants
- I release and hold harmless Columbia County, its officers, and employees from any liability arising from the granting of this electrical service affidavit

Owner's Phone Number: 305687-8008

Owner's Printed Name: robert Sanchez

Owner's Signature: [Signature]

Date: 07/20/2026

NOTARY PUBLIC ACKNOWLEDGMENT (Required)

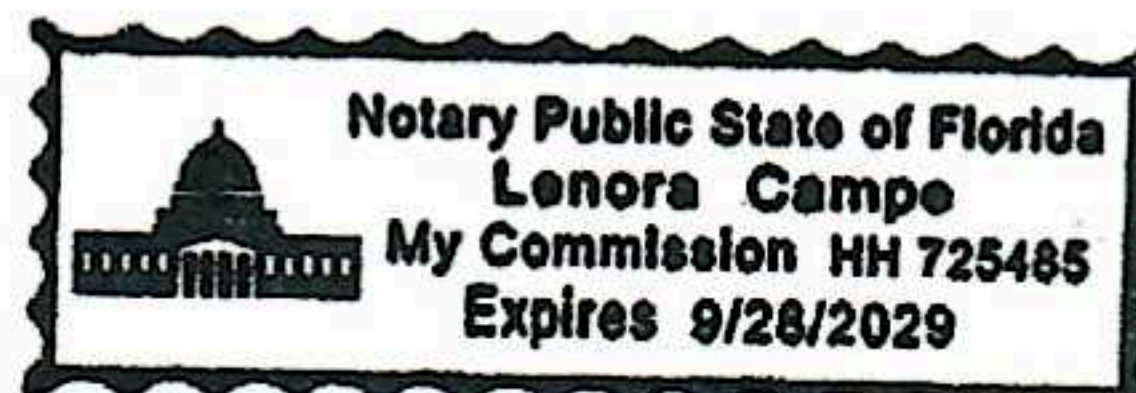
STATE OF: FLORIDA

COUNTY OF: Columbia

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this 7th day of July, 2026, by _____, who is ☒ personally known to me or ☐ has provided the following identification: _____

Notary Public Printed Name: Lenora Campe

(Seal)



Notary Public Signature: [Signature]